



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

MARIANNE UDOW
DIRECTOR

Sample Letter for DOC supplement reduction
for DHS supervised placements

Date

Mr. and Mrs. Smith
123 Any Street
Any City, MI 48000

Dear Mr. and Mrs. Smith

Per our conversation on (date), your Determination of Care supplement will decrease from a Level II to a Level I. This change will be effective on (date—30 days after the completed assessment form is received by FIA).

I appreciate all of the hard work and the time you have given to (child's name) in assisting him with his identified areas of need. It is because of your commitment that (child's name) has been able to show so much progress over the past few months.

If you should have any questions or concerns regarding this change, please feel free to contact me at (999) 999-9999.

Sincerely,

Susie Smith
Foster Care Worker
Any County Department of Human Services

cc: DHS case file

FC DHS/Determination of Care Sample Letter/CFSR-PIP Stand Alone Module/MW/6-10-05